

Testimony Summary of Stephen C. Shannon, D.O., MPH
Dean, University of New England College of Osteopathic Medicine
Biddeford, Maine
Chairman of the Board of Deans,
American Association of Colleges of Osteopathic Medicine
On Behalf of the American Association of Colleges of Osteopathic Medicine
Before the House Subcommittee on Labor, Health and Human Services, Education and
Related Agencies Appropriations
April 20, 2004

Dr. Shannon presents the views of the American Association of Colleges of Osteopathic Medicine (AACOM) on the fiscal year 2005 appropriations for the health professions education programs under Titles VII and VIII of the Public Health Service Act, the Council on Graduate Medical Education and the National Institutes of Health.

Healthy People 2010, a document that serves as a blueprint for health care delivery, has articulated two overarching goals: Increase Quality and Years of Healthy Life; and Eliminate Health Disparities. To achieve these goals by 2010, we must begin now to train health professionals who have the necessary skills and commitment. More than ever, institutions need the support of Titles VII and VIII programs to develop a workforce consistent with Healthy People 2010.

The model of osteopathic medical education is consistent with the Federal objective of addressing physician geographic maldistribution in this country and increasing access to primary care services. AACOM member schools have a long history of dedication to training primary care physicians to work in America's smaller communities, rural areas and urban underserved areas.

The health professions assistance programs under Titles VII and VIII of the Public Health Service Act have been valuable in our efforts to continue to ensure this commitment. Among the programs that have been especially important to enhancing osteopathic medical schools' ability to train the highest quality physicians are: General Internal Medicine Residencies; General Pediatric Residencies; Family Medicine Training; Preventive Medicine Residencies; Area Health Education Centers; Health Careers Opportunities Programs; Centers of Excellence Programs; and Geriatric Training Authority. Title VII also authorizes student assistance programs that are important to osteopathic medical students.

The American Association of Colleges of Osteopathic Medicine recommends that the fiscal year 2005 funding level for Titles VII and VIII be \$550 million. AACOM also strongly urges continued funding for the Council on Graduate Medical Education.

Finally, AACOM supports the Ad Hoc Group for Medical Research Funding request of \$30.6 billion for the National Institutes of Health for fiscal year 2005.

Testimony of Dr. Stephen C. Shannon

Mr. Chairman and Members of the Subcommittee, I am Dr. Stephen Shannon, Dean of the University of New England College of Osteopathic Medicine and Chairman of the Board of Deans of the American Association of Colleges of Osteopathic Medicine (AACOM). I am pleased today to present the views of the twenty colleges of osteopathic medicine on fiscal year 2005 appropriations for health professions assistance programs under Title VII of the Public Health Service Act and for the National Institutes of Health. My testimony is also endorsed by the American Osteopathic Association and the American College of Osteopathic Family Physicians.

First, I would like to express AACOM's appreciation for the past commitment of this Subcommittee to health professions education. The Subcommittee's vision has enabled health professions schools in general and colleges of osteopathic medicine in particular to address the physician workforce needs dictated by a rapidly changing health care delivery system. However, we are not yet able to say we are in a position to completely meet these workforce needs. Healthy People 2010, a document that serves as a blueprint for health care delivery, has articulated two overarching goals: Increase Quality and Years of Healthy Life; and Eliminate Health Disparities. To achieve these goals by the year 2010, we must accelerate our efforts to train health professionals who have the necessary skills and commitment. More than ever, institutions need the support of Title VII programs to develop the kind of workforce consistent with Healthy People 2010.

The principal vehicle for addressing the specialty and geographic maldistribution of physicians has been through primary care education and training. AACOM member schools have a long history of dedication to training primary care physicians to work in America's smaller communities, rural areas and underserved urban areas. Osteopathic physicians represent 6 % of the U.S. physician workforce, but constitute 16 % of the physicians practicing in communities of fewer than 2,500 population.

The mission statement of my own institution reflects this commitment: "...The College is dedicated to the improvement of life through education, research, and service, emphasizing health, healing, and primary care for all the people of New England and the nation." The University of New England College of Osteopathic Medicine has also been recognized by U.S. News and World Report for educational excellence in primary care, geriatrics and rural medicine.

To cite another example, the Ohio University College of Osteopathic Medicine was established by an act of the Ohio General Assembly in 1975 to "help alleviate the state's growing shortage of family physicians and to train doctors for chronically underserved areas." Mr. Chairman, and Members of the Subcommittee, all our osteopathic medical schools share similar missions.

The health professions assistance programs under Title VII of the Public Health Service Act have been valuable in our efforts to continue to ensure this commitment. Let me give you examples of how Title VII programs have benefited not only the osteopathic medical schools receiving the support, but also the citizens in the communities and states they serve:

At my own institution, Title VII programs have improved our curriculum by enhancing our focus on behavioral medicine and population health, pediatrics and geriatrics. Two of the Title VII programs we are currently participating in are: (1) Area Health Education Center (AHEC), which places medical students, physicians assistant and other health professional students into primary care training locations in rural Maine and works with elementary and secondary school students and teachers to increase aspirations for health professional careers; and, (2) Geriatric Education Center (GEC), which in

collaboration with other health education institutions and health service providers, coordinates and delivers training for health care workers who are now, and will be in the future, taking care of our rapidly growing geriatric population. My college's participation in Title VII has been crucial to our ability to focus on our primary care mission for rural and underserved areas.

Over the last year, the Ohio University College of Osteopathic Medicine (OUCOM) participated in a number of Title VII programs, including the Health Careers Opportunity Program (HCOP), Geriatrics Education, Rural Health, Interdisciplinary Health, Center of Excellence and Area Health Education Center programs. The Center of Excellence at OUCOM has made tremendous strides in increasing the number of disadvantaged and underrepresented minority graduates over the past decade. The Area Health Education Center (AHEC) at OUCOM is a partner in the Ohio Statewide AHEC program with six other medical schools. OUCOM's AHEC serves 20 counties in southeast Ohio, all of which are in the Appalachian region.

The Midwestern University Chicago College of Osteopathic Medicine has utilized Title VII support in developing community affiliations with the Illinois Health Education Consortium and Access Community Health – a free clinic in an underserved area of Chicago. In addition, the Chicago College of Osteopathic Medicine is utilizing a family medicine training grant to enhance the predoctoral communications curriculum to include the concept of cross-cultural communications with diverse and vulnerable patient populations.

Accordingly, Mr. Chairman and Members of the Subcommittee, AACOM recommends that the fiscal year 2005 funding level for Title VII, Health Professions Education and Title VIII, Nursing Education, be \$550 million. These figures do not include funding for the children's hospitals graduate medical education program, which is an amount separate from Titles VII and VIII funding. This funding level would provide a much needed boost toward ensuring the training of a workforce that will be delivering the types of services and providing full access to these services described in *Healthy People 2010*.

AACOM also strongly urges continuation of funding for the Council on Graduate Medical Education (COGME). Since its inception, COGME's diverse membership has given the health policy community an opportunity to discuss national workforce issues. The fifteen formal reports and multiple ancillary materials provided by COGME have offered important findings and observations in the rapidly changing health care environment and have argued for a system of graduate medical education that develops a physician workforce to meet the healthcare needs of the American people.

Finally, Mr. Chairman and Members of the Subcommittee, AACOM supports the Ad Hoc Group for Medical Research Funding request for \$30.6 billion for the National Institutes of Health. This would be a 10% increase over the FY 2004 level.

Thank you for providing us with the opportunity to express our views.

BIOGRAPHICAL SKETCH

NAME

Stephen C. Shannon, D.O., M.P.H.

TITLE

Dean of the College of Osteopathic Medicine & Vice
President for Health Services,
University of New England

EDUCATION

University of Maryland, College Park, MD	B.A.	1971	American History
University of Maryland, College Park, MD	M.A.	1975	American Social History
University of New England, Biddeford, ME	D.O.	1986	Osteopathic Medicine
Osteopathic Hospital of Maine, Portland, ME		1988	Family Practice Residency
University of Massachusetts Medical Center, Worcester, MA		1990	Preventive Medicine Residency
Harvard University School of Public Health, Boston, MA	MPH	1990	Public Health

HONORS

1997	Roswell P. Bates Memorial Award, Maine Osteopathic Association
1986	New England Foundation for Osteopathic Medicine Award
1984	U.S. Secretary of Health and Human Service's Award for Innovations in Health Promotion and Disease Prevention
1984	Ciba-Geigy Award for Outstanding Community Service

MAJOR RESEARCH PROFESSIONAL INTEREST

Clinical Outcomes Study
Occupational and Environmental Health
Health Promotion and Disease Prevention Modalities
Medical School Curriculum


SELECTED RESEARCH AND PROFESSIONAL EXPERIENCE:

1995-Present	Dean and Vice President for Health Services, University of New England College of Osteopathic Medicine (UNECOM), Biddeford, ME.
1997-Present	Professor of Family Medicine, UNECOM, Biddeford, ME.
1994-96	Chairman, Occupational and Environmental medicine Section, Department of Medicine, Brighton Medical Center, Portland, ME.
1992-95	Medical Director, Center for Health Promotion, Brighton Medical Center, Portland, ME.
1991-95	Public Health Physician, Director of Occupational Health, Maine Bureau of Health, Augusta, ME.
1989-97	Associate Professor, Department of Family Practice, UNECOM, Biddeford, ME.
1990-92	Medical Epidemiologist, Massachusetts Department of Public Health, Boston, MA.
1990-91	Medical Epidemiologist Consultant, Division of Disease Control, Maine Bureau of Health.
1990-91	Health Education Consultant, University of Massachusetts Medical Center, Department of Family and Community Medicine.

PROFESSIONAL ASSOCIATIONS:

2001-present	Chair and member, Board of Directors, Maine Center for Public Health.
2000-present	Member, Board of Directors, National Board of Osteopathic Medical Examiners.
1999-present	Member, Advisory Board, Maine Humanities Council.
1999-present	Executive Committee of Governing Board, UNE/Spurwink Center for Research.
2001-present	Member, Executive Committee, Maine Biomedical Research Coalition.
1997-present	Member, National Committee of the Medicine/Public Health Initiative.
1996-present	Member, State Health Plan Council, Maine Department of Human Services.

Committee on Appropriations
 Witness Disclosure Requirement – “Truth in Testimony”
 Required by House Rule XI, Clause 2(g)

Your Name:		
Stephen C. Shannon, D.O., MPH		
1. Are you testifying on behalf of a Federal, State, or Local Government entity?	Yes	No <input checked="" type="checkbox"/>
2. Are you testifying on behalf of an entity other than a Government entity?	Yes <input checked="" type="checkbox"/>	No
3. Please list any federal grants or contracts (including subgrants or subcontracts) which you have received since October 1, 2002: <ul style="list-style-type: none"> i. Predoctoral Training in Primary Care – DHHS – Bruce Bates, D.O. , \$358,109 ii. Predoctoral to Establish Osteopathic Manipulative Medicine Clerkship and Incorporate Medical Arts – DHHS- HRSA- Bruce Bates, D.O., \$180,000 iii. Diabetic Cardomyopathy –Role of Insulin Resistance – DHHS – Amy Davidoff, Ph.D. in collaboration with Wayne State University, Boston Medical Center, Eli Lilly Corporation, \$1,411,992 iv. Academic Administrative Units in Primary Care – Pediatrics, DHHA- Lisa Gouldsbrough, D.O., \$907,200 v. Predoctoral Training in Primary Care- DHHS, Elizabeth Hart, M.D., \$583,200 vi. Trigeminal Mechanisms of Cannabinoid Analgesia – DHHS/NIH- Ian Meng, Ph.D., \$635,872 vii. Prenatal Malnutrition & Mental Retardation – DHHS- Peter Morgane, Ph.D. in collaboration with Boston University, \$56,500 viii. Residency Training in Primary Care – DHHS – Craig Wallingford, D.O., \$112,156 		
4. Other than yourself, please list what entity or entities you are representing: <div style="text-align: center;">American Association of Colleges of Osteopathic Medicine</div>		
5. If your answer to question number 2 is yes, please list any offices or elected positions held or briefly describe your representational capacity with the entities disclosed in question number 4: <div style="text-align: center;">Chair, Board of Deans</div>		
6. If your answer to question number 2 is yes, do any of the entities disclosed in question number 4 have parent organizations, subsidiaries, or partnerships whom you are not representing?	Yes	No XX
7 If the answer to question number 2 is yes, please list any federal grants or contracts (including subgrants and subcontracts) which were received by the entities listed under question 4 since October 1, 2002, which exceed 10% of the entities revenue in the year received, including the source and amount of each grant or contract to be listed:		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="flex: 1;"> Signature:  </div> <div style="flex: 1; text-align: right;"> Date: <u>April 8, 2004</u> </div> </div>		

